DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MONTICHELLO CREST (0011185)

Address: 141 N JACKSON ST STE 226, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 11/18/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097033 End Date: 03/15/2006 Type: STANDARD Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095924 End Date: 11/18/2005 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Complaint History

Date Complaint Received: 01/20/2006 Date Investigation Completed: 03/15/2006

Subject Area(s) Result SOD #

LICENSED CAPACITY /CLASS OF LICENSE NOT SUBSTANTIATED